

FILED JUN 31 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23360

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY OR TOWN Rural Prairie	c. LENGTH OF STAY (In this place) 13 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lone Jack 0460	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson Co. Emerg. Hosp.		d. STREET ADDRESS (If rural, give location) Lone Jack, Missouri	

3. NAME OF DECEASED (Type or Print) Matilda	a. (First)	b. (Middle) SALOMY	c. (Last) SNOW	4. DATE OF DEATH (Month) (Day) (Year) 6-27-51
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5. SEX Female	6. COLOR OR RACE wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 5-1-1861	9. AGE (In years last birthday) 90	10. IF UNDER 1 YEAR Months	11. IF UNDER 1 YEAR Days	12. IF UNDER 1 YEAR Hours	13. IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (State or foreign country) Lone Jack, Missouri	12. CITIZENSHIP OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William Spainhour	13b. MOTHER'S MAIDEN NAME BETSEY PERRY	14. NAME OF HUSBAND OR WIFE CHARLES SNOW
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS Add KECK, Lone Jack, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Rectum		INTERVAL BETWEEN ONSET AND DEATH 3 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Severe Secondary anemia		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 154X	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from 6-13, 1951, to 6-27, 1951, that I last saw the deceased alive on 6-24, 1951, and that death occurred at 2:55 p. m., from the causes and on the date stated above.

23a. SIGNATURE John C. Blumenschein M.D.	(Degree or title)	23b. ADDRESS Independence, Mo.	23c. DATE SIGNED 29 June 51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 6-29-51	24c. NAME OF CEMETERY OR CREMATORY Lone Jack Cemetery	24d. LOCATION (City, town, or county) (State) Lone Jack, Missouri
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DATE REC'D BY LOCAL REG. 6-29-51	REGISTRAR'S SIGNATURE Howard C. Spainhour	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Allen W. Brownfield Pleasant Hill, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

480

APR 1 9 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *William L. Anderson*

Licensed Embalmer No. *4674*

P. O. Address *Pleasant Hill, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.